

Docket No. 1372.61.PRWOUS2

**PATENTS**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

**Emmanuel Lazaridis**

Serial No.: **09/913,498**

Filed: **08/16/2001**

For: **Statistical Analysis Method for  
Classifying Objects**

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Art Unit: **1631**  
Examiner: **Ardin H. Marschel**

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

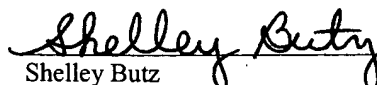
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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**CERTIFICATE OF MAILING**  
**(37 C.F.R. 1.10)**

I HEREBY CERTIFY that this petition is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee," Mailing Label No. **EV624410868US**, addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 20, 2005.

Date: May 20, 2005

  
Shelley Butz

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	16	Minus	23	= 0	x \$9 =	\$0
Indep.	6	Minus	11	= 0	x \$39 =	\$0
First Presentation of Multiple Dependent Claim					+ \$130 =	\$0
Total					Addit. Fee	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

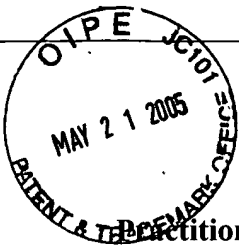
## FEE DEFICIENCY



SIGNATURE OF PRACTITIONER

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Examiner: Ardin H. Marschel

Art Unit: 1631

Confirmation No.: 2508

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Examiner's Advisory Action mailed on February 9, 2005, and the Examiner's Final Office Action mailed on September 11, 2004, the above-identified patent application is amended as follows along with a Request for Continued Examination and the required petition to revive and associated fee. Applicant has elected to present the amendment using the revised amendment format set forth in the waiver of 37 CFR 1.121.

AMENDMENT AF (SECOND AFTER FINAL)